

STATE OF VERMONT

USDC - DVT

2:23-cv-569

SUPERIOR COURT

DIVISION

Unit

Case No. _____

APPLICATION TO WAIVE FILING FEES AND SERVICE COSTS

Case Name

Frank Huguley.

VERMONT SUPERIOR COURT

MAY 30 2023

Name: (First & Last)

Frank W. Huguley 9985

Street Address:

NSCF 2559 96th rd

City/State/Zip:

Newport Vermont 05885

Mailing Address: (if different from street address)

Email Address:

Telephone Number:

Total Number Living in Household (spouse, partner & dependents)

self.

Employment

Are you employed? ☐ Yes ☒ No If Yes, list Employers' Name & Address

Employer Name

Employer Address

Public Assistance:

Do you receive Public Assistance (including TANF/Reach UP; SSI, General Assistance)?

☐ Yes ☒ No

Type of Assistance: _____ Monthly Amount \$ _____

IF YOU RECEIVE PUBLIC ASSISTANCE, SKIP TO SIGNATURE SECTION

Income

Your Current Monthly Income

Gross Income from Wages \$ 0
 Unemployment Compensation \$ 0
 Child Support \$ 0
 Other Income \$ 0
 (including Disability Insurance & Social Security)
 Self-Employment/Business Income \$ 0
 (other than wages)
Total Monthly Income \$ 0
Total Income in the past 12 months \$ 0

Expenses

Enter your **monthly** household expenses

Rent or Mortgage Payment \$ 0
 Electric Service \$ 0
 Phone \$ 0
 Fuel (heat and/or gas) \$ 0
 Food \$ 0
 Clothing \$ 0
 Medical \$ 0
 Child Support \$ 0
 Auto Loan Payment \$ 0
 Property Taxes \$ 0
 Insurance (health, auto, etc.) \$ 0
 Other Expenses \$ 0
Total Expenses \$ 0

Other AssetsI have additional assets: ☐ Yes ☒ No If Yes, describe them below

Vehicles	Make, Model, Year	Fair Market Value (FMV)	Amount Owed	Net Value
Ø	Ø	\$ Ø	\$ Ø	\$ Ø
Ø	Ø	\$ Ø	\$ Ø	\$ Ø
Ø	Ø	\$ Ø	\$ Ø	\$ Ø
Ø	Ø	\$ Ø	\$ Ø	\$ Ø

Real Property	Description	FMV	Mortgage	Net Value
Ø	Ø	\$ Ø	\$ Ø	\$ Ø
Ø	Ø	\$ Ø	\$ Ø	\$ Ø

Cash Assets				
Ø	Cash on Hand	\$ Ø		
Ø	Checking Account	\$ Ø		
Ø	Savings Accounts	\$ Ø		
Ø	Total Cash Assets	\$ Ø		

Other Assets (examples - tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.)	Description	FMV	Use additional sheets as necessary
Ø	Ø	\$ Ø	
Ø	Ø	\$ Ø	

Additional Information

These are additional reasons why I cannot afford the fees:

Incarcerated, no money, or job.

I request the Court waive filing fees and/or pay service fees in this case because of my low income.

I declare that the above statement is true and accurate to the best of my knowledge and belief. I understand that if the above statement is false, I will be subject to the penalty of perjury, or other sanctions in the discretion of the court.

Date _____

Applicant Signature

Printed Name

Frankie W. Hayley
7980

Determination of Financial Eligibility

☐ The Application is **DENIED**

The gross income of the applicant is greater than 150% of the poverty line, AND the applicant does not receive public assistance. The applicant is able to pay the filing fee and costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

YOU MUST PAY \$ _____ TO THE COURT CLERK WITHIN 30 DAYS OR THE CASE WILL BE DISMISSED.

☒ The Application is **GRANTED**

☐ Applicant receives public assistance OR

☒ The gross income of the applicant is at or below 150% of the poverty income guidelines. OR

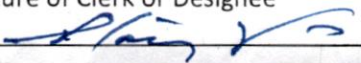
☐ Applicant is unable to pay the entire filing fee or costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

THE FILING FEES AND COSTS OF SERVICE ARE WAIVED.

Date

5/31/23

Signature of Clerk or Designee



Notice of Right to Appeal: You have the right to **appeal** this order to the Judge of this Court. Your appeal must be filed in writing with the Clerk of this Court within 7 days of the date of this Order.